

COMPLAINT - FOLLOW UP INFORMATIONAL PD 313-001 A Rev. 4-09-21		Crime Robbery		PAGE 1 OF 1 PAGES	
Date of Orig. Report 07-07-06	Date Assigned 07-07-06	Case NO. 325	Unit Reporting 43RAM	Completed In 9085	Date of This Report 07-08-06
Complainant's Name- Last, First, MI. Fung, Kin, Wai			Victim's Name-If Different		
Last Name, First, MI. 9-8-8-			Address, Include City, State, Zip Code		
Home Telephone			Business Telephone		
Total No. of Perpetrators 1			Arrested <input type="checkbox"/> Pending <input type="checkbox"/>		
Wanted <input type="checkbox"/> SCA <input type="checkbox"/> Race <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Eye color <input type="checkbox"/> Hair Color <input type="checkbox"/> Facial Hair <input type="checkbox"/> NYSID No. <input type="checkbox"/>			Disables Weapons (If known, give color, make, caliber, type, brand, etc.)		
Last Name, First, MI. 1			Address, Include City, State, Zip		
Wanted <input type="checkbox"/> SCA <input type="checkbox"/> Race <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Eye color <input type="checkbox"/> Hair Color <input type="checkbox"/> Facial Hair <input type="checkbox"/> NYSID No. <input type="checkbox"/>			Disables Weapons (If known, give color, make, caliber, type, brand, etc.)		
Last Name, First, MI. 2			Address, Include City, State, Zip		
Wanted <input type="checkbox"/> SCA <input type="checkbox"/> Race <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Eye color <input type="checkbox"/> Hair Color <input type="checkbox"/> Facial Hair <input type="checkbox"/> NYSID No. <input type="checkbox"/>			Disables Weapons (If known, give color, make, caliber, type, brand, etc.)		
Last Name, First, MI. 3			Address, Include City, State, Zip		
Wanted <input type="checkbox"/> SCA <input type="checkbox"/> Race <input type="checkbox"/> Age <input type="checkbox"/> Height <input type="checkbox"/> Weight <input type="checkbox"/> Eye color <input type="checkbox"/> Hair Color <input type="checkbox"/> Facial Hair <input type="checkbox"/> NYSID No. <input type="checkbox"/>			Disables Weapons (If known, give color, make, caliber, type, brand, etc.)		
ARRESTED WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER, POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE NO RESULT					
Comp. Satisfactory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/> By Phone <input checked="" type="checkbox"/>	Date 07-08-06	Time 20:00hrs	Results: Same as comp. Report-Offense/Injury is Detail	
Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/> By Phone <input type="checkbox"/>	Date	Time	Results: Same as comp. Report-Offense/Injury is Detail	
Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes- Make Entry in Body Re: Name, Address, Results	Time, Date	Crime scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes- Make Entry in Body Re: Time, Date, Evidence Obtained	
Complainant Viewed Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results on 07-07-06 at the 43 Ram by SG Morris				
Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results				
Crime Scene Quoted <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Detail)	Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Closing Case "No Results" Check Appropriate Box And State Justification In Detail:					
<input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence / Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted					
DETAILS: Investigation: Robbery					
Subject: Interview Complainant					
1. On 07/07/06 the undersign was informed by Sgt. Morris that complainant Kin Wai Fung was robbed in front of 1221 White Plains Road. Sgt. Morris did show a Photo Array of NYSID#2447010-K, Keton Henry to the complainant and he ID perp#2 in the Photo array as the person that robbed him.					
2. On 07/08/06 at approximately 20:00hrs the undersign did call Mr. Kin Wai Fung, [redacted] and he stated the following: Complainant stated that he was walking home from work when he entered his building located at 1221 White Plains road, perp grabbed him by the shirt and demanded his money and cell phone saying "Give me your money" and let me get your cellphone. Complainant handed over money and when he called for help suspect punched him in the face several times causing a physical injury. Suspect dropped money while fleeing. Canvass was conducted with the complainant and the results were results.					
3. The undersign did submit a wanted card for the above perp that was picked out in the photo array.					
4. The undersign did review all 911 call and revealed only one call by complainant.					
5. The undersign along with Det Mcmann did canvas for surveillance cameras in the area of 1221 White Plains Road negative result.					
6. The undersign did canvas for perp in the area of 880 Colgate ave apartment 2K, knock on the door no answer.					
7. Case Active					

CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	DATE REVIEWED / CLOSED	IF ACTIVE, DATE OF NEXT REVIEW	
REPORTING OFFICER Detective	SIGNATURE	NAME PRINTED RENTAS, ROBERT	TAX REG. NO. 905549
REVIEWING / CLOSING SUPERVISOR	CASE CLOSED: <input type="checkbox"/> OR B <input type="checkbox"/>	SIGNATURE 043	

LONG PINK



1st COPY CRIMINAL RECORDS SECTION

2nd COPY UNIT REFERRED TO

3rd COPY BOROUGH ROBBERY SQUAD